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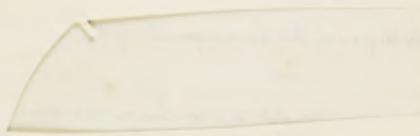
Uterine Hemorrhage

for the degree of Doctor of Medicine

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iting an inaugural essay a task, uniform,

By — Whitesides paper March 11. 1817

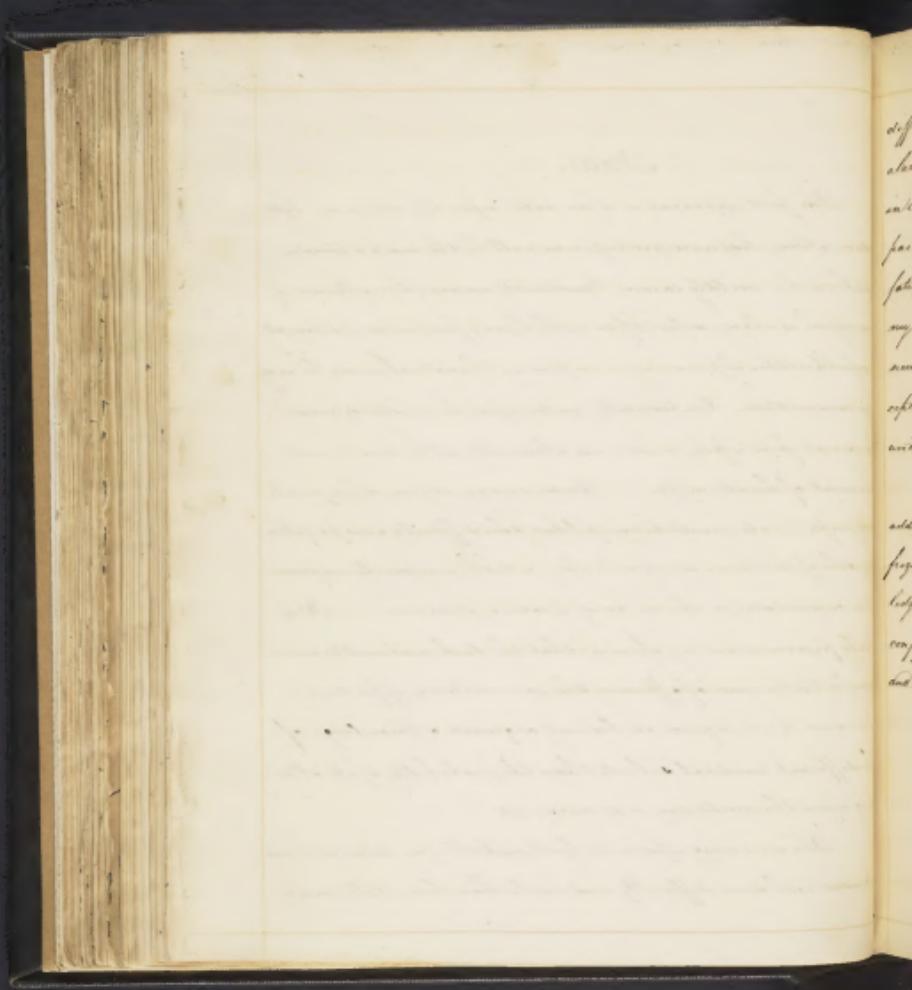
"Unto the woman he said, I will greatly multiply thy
sorrow and thy conception; in sorrow thou shalt bring
forth children;"



NOTE

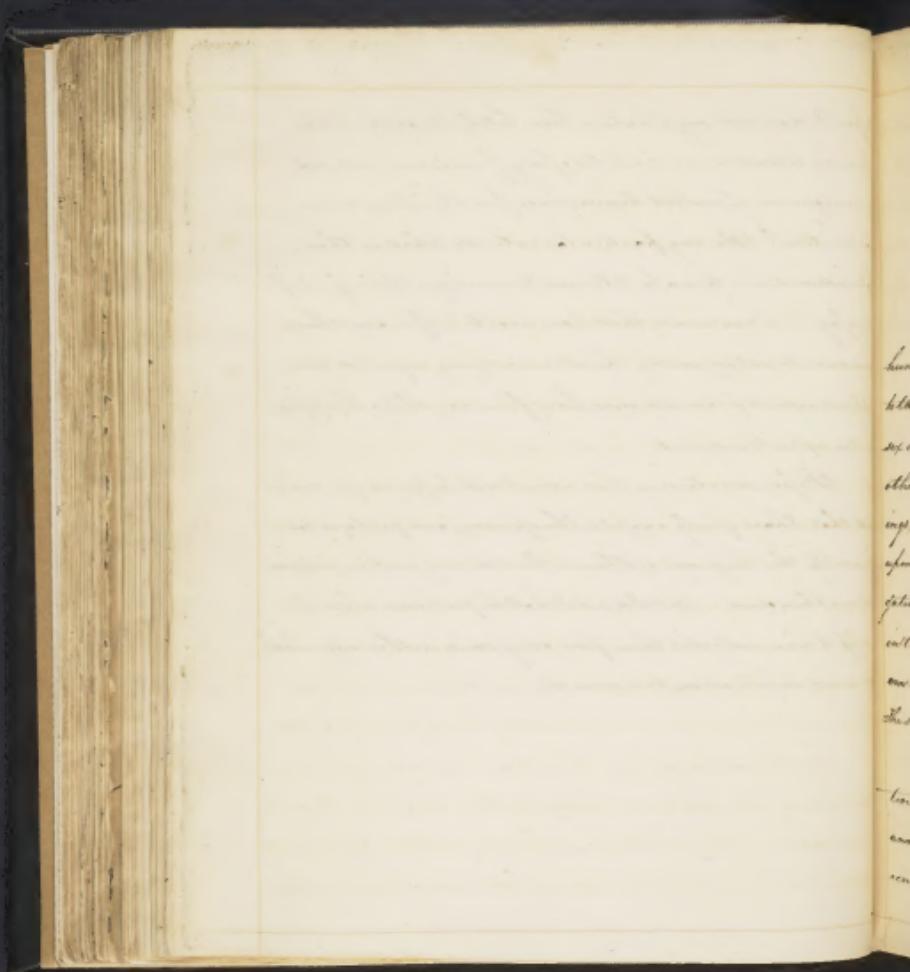
The first appearance of an actor upon the stage of life, always has, and perhaps ever will be, the most anxious epoch in his worldly career. Constantly under the influence of anxiety he is always dissatisfied with his own productions, and equally incapable either of improving or improving the actual error he may have committed. Constantly embarrassed, he mistakes error for correct principles, and views absurdity as the beauty and ornament of his attempts. Under circumstances they peculiarly unfortunate, must be completed the difficult and perplexing task of writing an inaugural opay; a task, uniformly imposed upon candidates for the degree of Doctor of Medicine. It is easily perceived in my opinion, that the task was instituted, more for the purpose of affording the candidate an opportunity of evincing his diligence in having acquired a knowledge of the different medical subjects, than the probability of its obtaining upon the world any new discoveries.

The deciding upon a subject suitable for a dissertation was attended with some difficulty, and would have been still more



difficult had not my attention been lately attracted to the
startling situation to which two of my friends were reduced
in consequence of violent hemorrhage from the uterus during
parturition. The very particular interest I had in their
fate induced me to make Uterine Hemorrhage the subject of
my essay... I am aware that I am unable to offer any thing
new or interesting worthy the attention of my respected pro-
fessor, or even to place in a more lucid form any thing hitherto
written upon the subject.

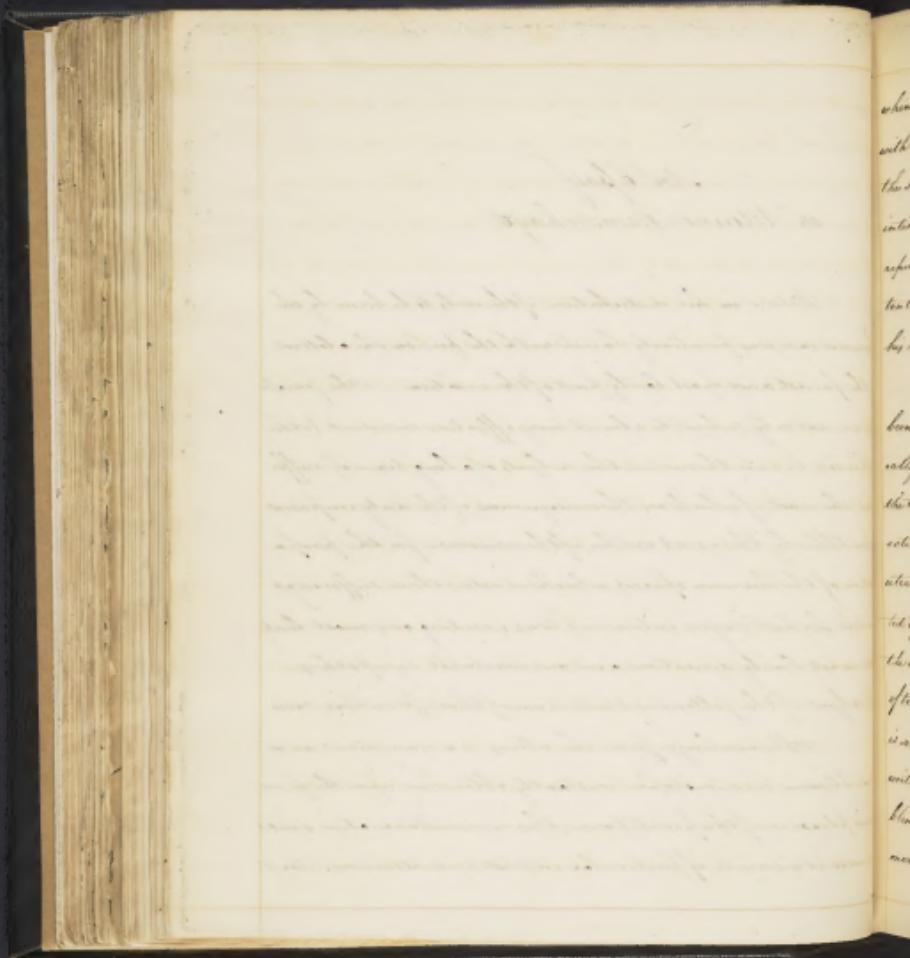
Before concluding this note, it will be proper for me to
add that I have freely adopted the opinions and perhaps too
frequently the language of others, without in every instance acknow-
ledging the source. But I hope I shall be pardoned, when I
confess I have collected them from every source without any much,
and make no pretensions to originality.



An Essay
on Utterne Hemorrhage

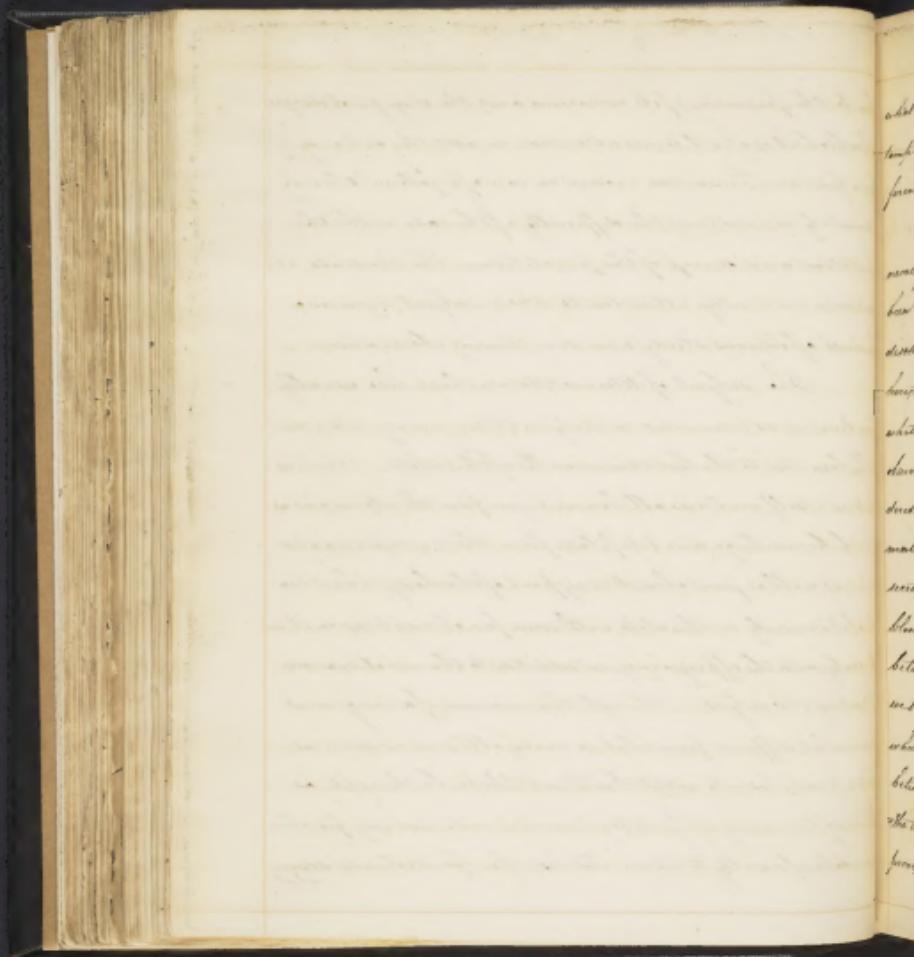
Nature in her distribution of the evils to be born by the human race, was peculiarly lavish with the portion she allotted to the fairest and most lovely part of the creation. - The female sex are not only subject to almost every affection incident to the other sex, but are themselves the subjects of a long train of sufferings, the most of which are the consequences of the duty imposed upon them by the great author of the universe for the propagation of the human species, which renders their sufferings in the highest degree interesting to us, exciting our most lively our most lively sensations, and our warmest sympathies. The subject of the following sheets is one of those peculiar cases.

Hemorrhage from the uterus, is a dangerous and troublous circumstance, constantly obtruding upon the peace and pleasure of the practitioner; this circumstance alone, would render it an object of particular interest and attention. But O



when to the frequency of its occurrence and the very great danger with which it is at all times attended, we add the delicacy of the subject and ^{the} censure we receive in case of a failure thereby intimately connecting the difficulty of the case with the reputation and success of the practitioner, the students at length is constantly attracted to it as a subject requiring his most profound study and scrutinising observation.

The subject of Uterine Hemorrhage has usually been treated as connected entirely with pregnancy, and generally limited to the last three months of that state. - But as the term itself embraces all hemorrhages from the uterus, and as actual hemorrhage does take place from the unimpregnated uterus, as well as from almost every part of the body, I have tried to do cursorily in this state with some few observations on it in the early months of pregnancy, in addition to the usual manner of treating the subject. - Though this manner of arrangement is somewhat different from what so many able and conspicuous writers have chosen to adopt, I will not shew, be thought as blinding too many subjects together, and endeavouring for the mere sake of novelty to render obscure those points already somewhat



what clear and defined. But wish to be considered as attempting to treat of hemorrhages incident to the viscera in its different States..

Hemorrhage from the union of ruptured uteris has generally been considered under the term menorrhagia, which was defined an increased flow of the menstrual fluid, or a discharge of blood from the uterus. - It will not be necessary here to enter into the consideration of the physiological question whether or not the menstrual fluid is a secretion. After the observations of Mr. St. in Hunter, the subject of contest may be considered at rest, and the fact established. - In order to shew that a markedly increased discharge is not at all times an increased secretion of the menstrual fluid but is sometimes pure red blood, we shall notice a few of the most prominent differences between the menstrual fluid and blood, and in doing this, we strike a line at once between uterine hemorrhage and what we consider menorrhagia. That there is a difference between the menstrual fluid and blood there can no doubt. The two fluids are different in as much as chemical analysis proves them to be different. They are different in their colour and

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colour; the menstrual fluid does not contain the fibrine principle contained in blood; and, consequently does not like blood congeulate. The blood is of a well known colour the menstrual fluid of a dark brown a chocolate colour.

From these distinctions made, there would at first view appear a very material difference between the two cases; yet the difference is not generally so obvious in practice as it would seem to even theory; as the discharge of pure blood often occurs with the regularity of menstruation. A partial distinction between the two cases has been made by Dr. Burns, which as a practical rule will generally be found sufficiently definite, that all profuse discharges from the uterus are hemorrhages. Considering the difficulty of at all times obtaining precise and exact information, owing in most instances to motives of delicacy in our patients, we shall content ourselves with this distinction of Dr. Burns, and according to it attempt the treatment; and as we have nothing to propose different from what has so frequently been the subject of much observation, we shall in a great measure confine our observations to pointing out in what manner the treatment affects the new hemorrhage when it is accurately ascertained, ought.



to differ from that of proper monorrhagia?

The symptoms of those two cases independent of the discharge are generally the same and perhaps always the same, at least we are unable to discern any symptoms peculiar to one which is not generally attendant on the other. A pain in the uterine region and in the back generally accompanis both those morbid affections; conditions of the uterus, and both cases may be accompanied with an increased or a diminished arterial action, producing either an increased frequency of the pulse, and feverish heat frequently preceded by chills, or, just the contrary, evincing marks of languor, a cold skin and a continual languor.

In noticing the symptoms I have but briefly given the substance of the opinions of authors generally, particularly of the celebrated Doctor Franklin, whose remarks are founded on long experience and nice observation; and but that all theoretical speculations must give way to practical facts, it would be somewhat difficult to reconcile the opinion that either hemorrhage or an increased menstrual secretion should take place when the arterial system

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sinous marks of debility, in as much as all secretions come from the blood, and the quantity secreted, ought on a great measure to correspond with the quantity of blood the secreting viscus is furnished with; consequently a diminished arterial action would cause a diminution of the secreted fluid. In this theoretical point of view it would seem necessary, that the subject under consideration should be the consequence of an increased arterial action. The few cases of hemorrhage from the unimpregnated uterus which have been subject to my own observation, were certainly of a different nature, the subjects of them being evidently considerably debilitated and no marks whatever present of general increased action. This however, is still not conclusive evidence that hemorrhage is not the consequence of an increased arterial action, as the action of the arteries of the uterus may be much increased and those of the rest of the system not affected.

I have in the preceding paragraph taken notice of but one side of the question, and whether the correct one or not I am still in doubt. Taking it for granted that the

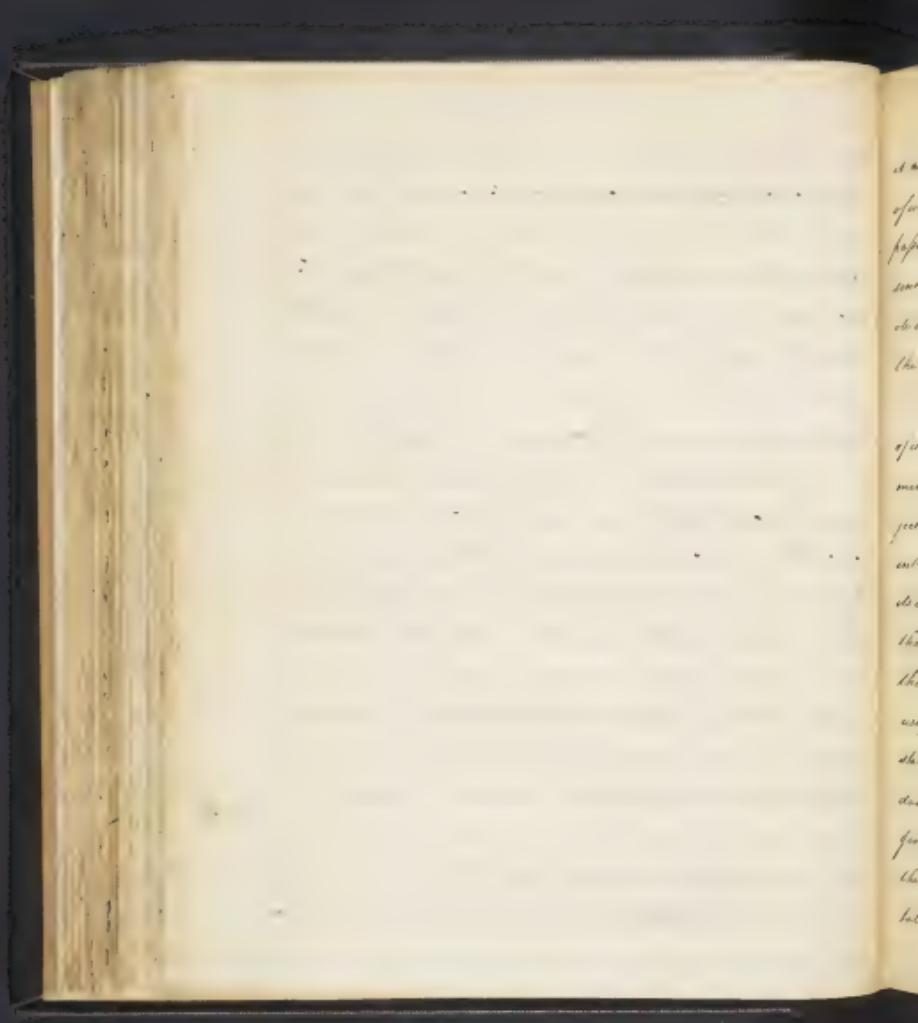
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arterial action of one particular viscous may be either increased or diminished and the remainder of the arterial sys-
tem continue unaltered or if altered to be affected in direct
opposition to the diseased viscous, it is possible that the gen-
eral system may continue in its natural state, or be markedly
increased, and the action of the uterus be considerably dimi-
nished. In this situation the uterus would be unable to
perform its true secretory process and the arteries partaking
of its debilitated state, be either ruptured or much dilat-
ed, and the calibre of the tortuous convolutions so much
enlarged as freely to transmit blood. In this view of the
subject it would theoretically appear that, hemorrhage may
be the consequence either of an increased or a diminished
action of the uterus, but that true menorrhagia is the
consequence only of an increased arterial action of the uti-
lities.

In the treatment of all diseases, a true theoretical
view of the subject is certainly of the highest importance, but
in the particular one before us, it is *up so* than in almost any
other. In menorrhagia proper we think on the *Supposition*

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Chapman that little else is required during the flow than perfect rest a cool room and some acidulated drink, as lemonade, to keep the bowels open and occasionally if there be pain or irritation an anodyne; as with him we believe, that the discharge resulting from a natural secretory action of the uterus, will run on to the usual period of its lachrimations whatever may be done. In the treatment of hemorrhage the case is different and we must be governed more by general principles. The secale convolution has of late been much noticed in uterine hemorrhage during pregnancy and when we come to speak of that state of the uterus, we shall endeavor to particularise with care, but as its efficacy has in some instances been observed in what is usually denominated menorrhagia, it becomes necessary to take some slight notice of it here. The few opportunities in private practice offered to the student of medicine for making observations upon the efficacy of medicine on female complaints, render the instances of its good effects under my own notice very limited; but in the few cases I was witness to, its effects were decidedly useful and immediately so. In relation to the effects of this article in the above instances



it is necessary to add, that in all the cases I had the opportunity of witnessing them, the hemorrhage appeared to be of a perfectly passive nature, as there was no kind of inflammatory action present, but a very evident marks of debility. Whether this article would be found equally useful in an increased secretion of the menses I am unable to determine.

In addition to the foregoing remarks on the treatment of uterine hemorrhage we will notice a few of the most prominent remedies. The use of opium has of late been the subject of some speculation. Doctor Hamilton advises the most unfeigned use of it, and his authority is grounds sufficient for its use. We think from the view we have taken of the disease, that the operation of opium is not incompatible with the theory suggested; that is we think it would be found useful when the hemorrhage is in consequence of a debilitated state of the uterus or of the whole system, but Dr. Hamilton does not make any distinction of this kind but advises it generally without regard to any state of the system, and upon the advice of Dr. Hamilton we would not "if necessary" hesitate to make the experiment. When there is evidence of

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inflammatory action present bleeding should be promoted. Dr. Gibbs has been much recommended, and from the general action of the medicine, we should be induced to anticipate much benefit from its use in cases of increased arterial actions, but Dr. Daffy for Chapman thinks it a pernicious remedy as he has known the bleeding to become most alarming under its use. In cases of a more moderate nature, cold applications, as cold water, will be found useful, the acetate of lead and its combinations with opium and ipecacuan--- will generally be found useful.

Having imperfectly finished the first division of our subject, the arrangement proposed leads us to take notice of the second part, or the cases wherein the subject of our essay takes place in the early months of pregnancy, that is within the first two thirds of the usual time of uterine gestation; or in other words within the first six months of pregnancy, the fetus previous to this period being generally ^{in a} perfect state and consequently unable to survive after its expulsion. In this situation the woman is said to miscarry or have an abortion.

The subject of abortion, is, within itself a subject of much importance, and one quite too extensive to be included

within the limits of the arrangement of this essay the object of which was to take notice of the cases of hemorrhage from the uterus when in the state of convulsion might be found useful as a medicine. And further after the elaborate essay of Mr. Burns on this subject, it would be the height of presumption even, to venture any suggestion to suggest any arrangement or treatment different from what he has so judiciously chosen to adopt.

With these considerations we view it most, prevalent to do with the subject without further comment, and proceed to those hemorrhages occurring within the last three months of pregnancy.

Before entering upon the consideration of this subject, it will be proper first again to notice, that hemorrhage from the uterus may take place at very different periods of time with respect to actual labour. When it occurs within the first six months of pregnancy, it is as before noticed generally attended with a abortion; in consequence of which the remainder of our essay will be limited to the last three months of pregnancy, because, during that period, uterine hemorrhage is always attended with danger to the life of the patient, and the salvation of the patient will generally require a treatment

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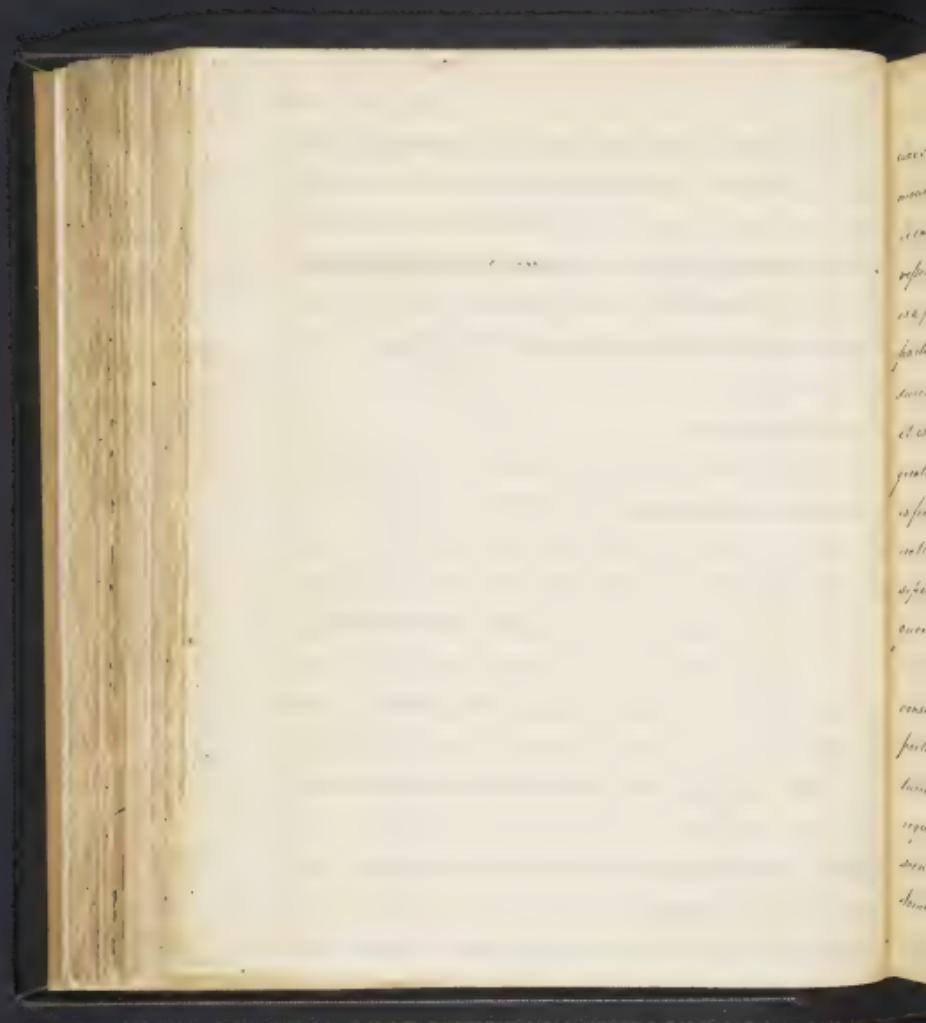
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of a similar nature. From the violent and impetuosity of the
haemorrhage it has very naturally been termed 'flooding'. A
morrhage may occur at any period from the sixth month until
labour commences, or it may occur after the birth of the child
during labour previous to the birth of the child. It may occur
after the birth of the child and previous to the abstraction of the
placenta: and it may occur after the birth of the child and in
removal of the placenta.

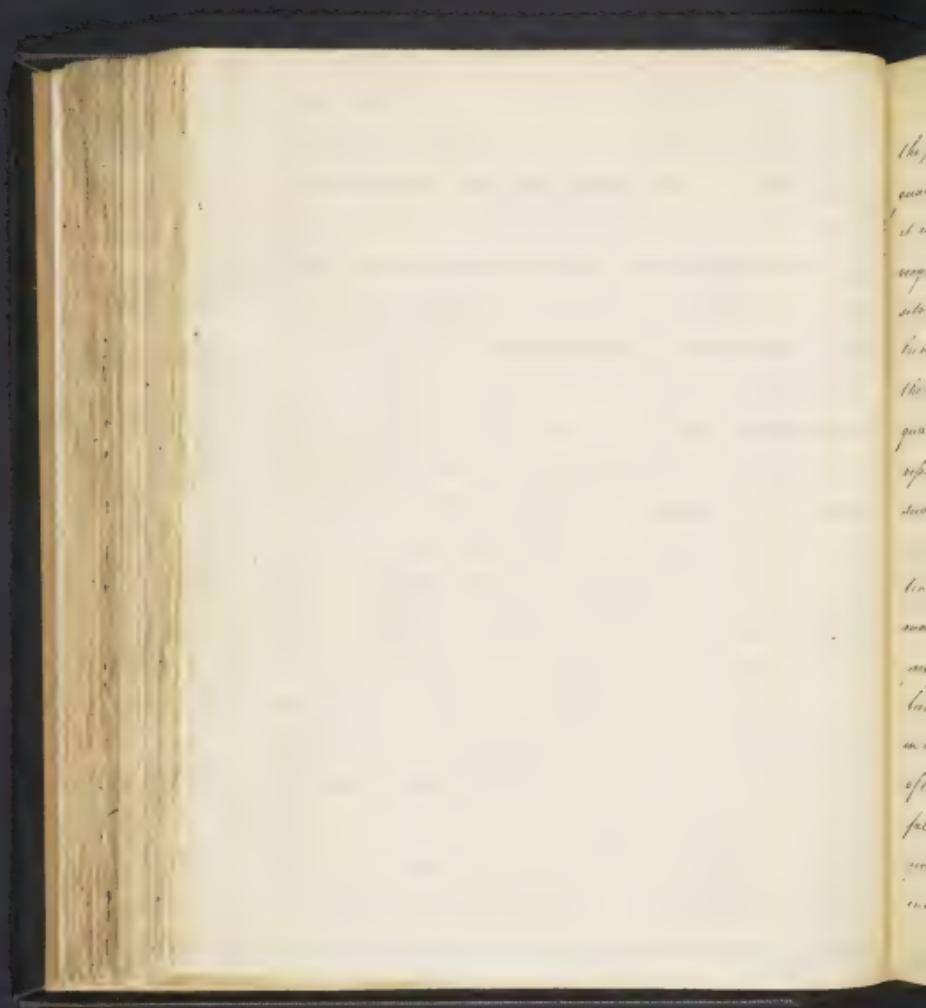
The remote cause is very frequently accidental, and
may be owing to violent exercises, as walking, dancing, &c; or may
arise from external violence of any kind having a tendency to cause
a separation of a part or the whole of the placenta from the uterus:
and further, it may be produced by any circumstance having a
tendency to increase the general circulation to any considerable
degree, thereby most probably producing some want of regularity
or coincidence in the circulation between the uterus and placenta.

The proximate cause of haemorrhage from the uterus
previous to the expulsion of the placenta, is the rupturing many
large vessels produced by the separation of the whole or a part of the
placenta from the uterus, at a time when that organ from incom-



var variances, is unable to contract sufficiently to close the mouth of the bleeding vessels. The extent of the flooding will bear proportion to the extent of the separation; the size of the vessels opened and the power of the uterine contraction. There is a peculiar situation of the placenta, requiring our most particular attention, that is always attended with hemorrhage during the last three months of pregnancy, that is when it is attached over the os uteri; and the hemorrhage will be greater or less, the nearer to or further the middle of the placenta is from the os uteri, and will be greatest when the centre is directly over it. When only a small portion of the placenta is separated and the hemorrhage inconsiderable, not unfrequently a coagulation is formed which hinders a stoppage.

The symptoms of this disease are at first very inconsiderable. A month or six weeks previous to labour, a small portion of the placenta may be detached and a few vessels upturned: we do not generally consider it of much importance requiring little more than a strict attention lest in our absence labour might come on and actual flooding commence. Sometimes, however, flooding comes on instantaneously and



the patient soon faints away, not more from the great quantity of blood lost than from the suddenness with which it is evacuated, in consequence of the vessels ruptured being very large and not containing power sufficient within them selves to produce a contraction adequate to the reduced volume of blood they contain, there being impeding for a time the circulation; for an animal will be able to lose a certain quantity of blood when slowly evacuated and from small vessels, without proving fatal, but if the same quantity be suddenly taken and from large vessels, it will destroy it.

When fainting comes on the hemorrhage is for a time restrained, and it may not again return, but much more frequently it is reproduced, and by very slight causes, as going to stool, voiding urine. When a woman has once been attacked with hemorrhage, she ought to be considered in danger until she is delivered. From the commencement of the attack may the practitioner, state his anxiety for the fate of his patient, and consider his having at that time ~~invincible~~ for his immediate ~~invincible~~ ^{leaving} on the slightest estimation of a return.



In some cases of violent hemorrhage there is very little alarm given; these are always dangerous instances of the want of sufficient contrition; the only radical remedy to the disease. The danger is in the application, and which do actually happen, are inconsiderate loss of blood, not depending on the real quantity lost, but on the suddenness with which it is evacuated, and, especially, the hemorrhage. This last should be watched with the greatest caution, for frequently blood is discharged in so small quantities as not even an observer to alarm the patient, and tends to till the quæstioner into security. The power of the constitution is impaired and the strength diminished, in proportion to the quantity of blood and the repetition of the hemorrhage.

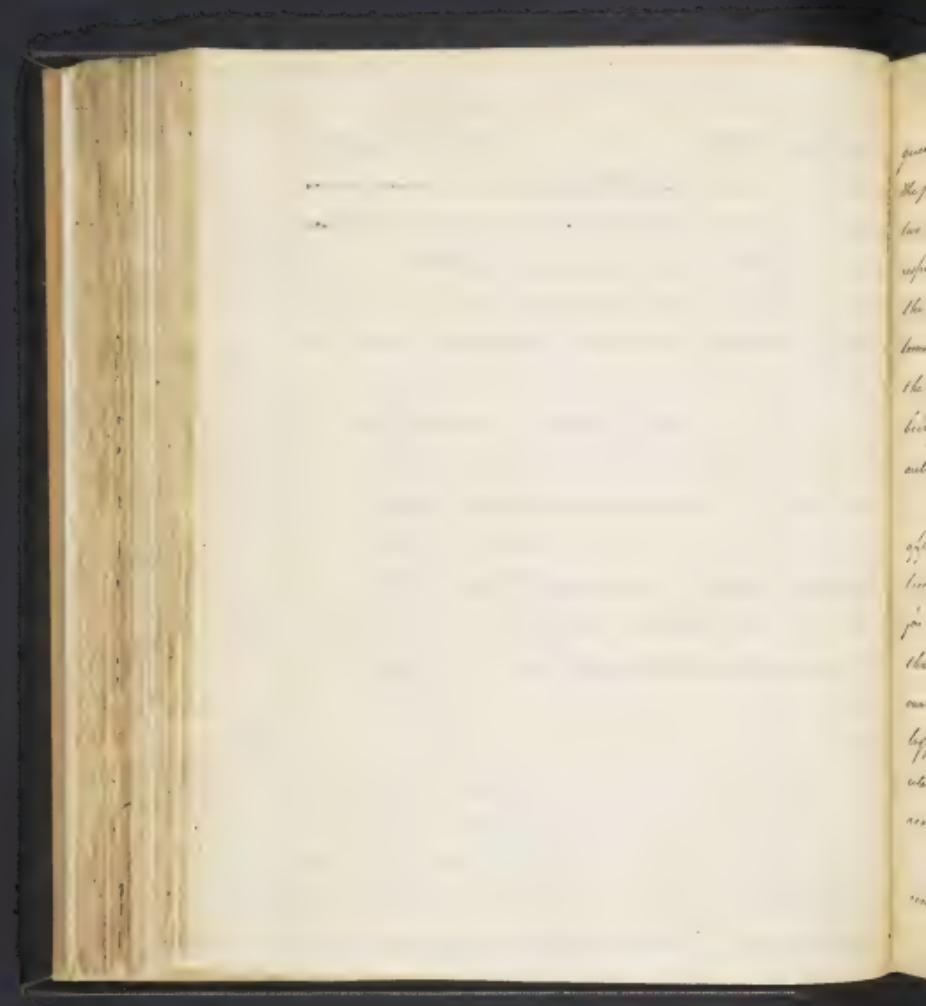
Having noticed the usual symptoms of the disease, we shall now notice those indicating a fatal termination of it. The woman shall have withstood the first attack, and we are going to add that too frequently we are unwilling to do so. The first symptoms of the disease, then mentioned are, a successive, a want of pain and now and then a want of contractility, power

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in the uterus, both of which are the effects of weakness occasioned by the great loss of blood. The next mark indicating danger, is the very relaxed state of the uterus after several attacks of bleeding, evincing a want of that power of contraction which we so anxiously look to for safety. The pulse next becomes slow and contracted, presenting a sensation to the touch very similar to the vibrating cords of a spinet, and sometimes is found undulating. The physician is next compelled to witness the striking alteration in the countenance, the visage pale and streaked, owing to the circulation in the small vessels having ceased and the blood retired from them to aid in supporting the attack upon the larger ones about the seat of the circulating government. The symptom next, is one very little looked for, and not expected after a great loss of blood: it is an unusual quietude and restfulness.

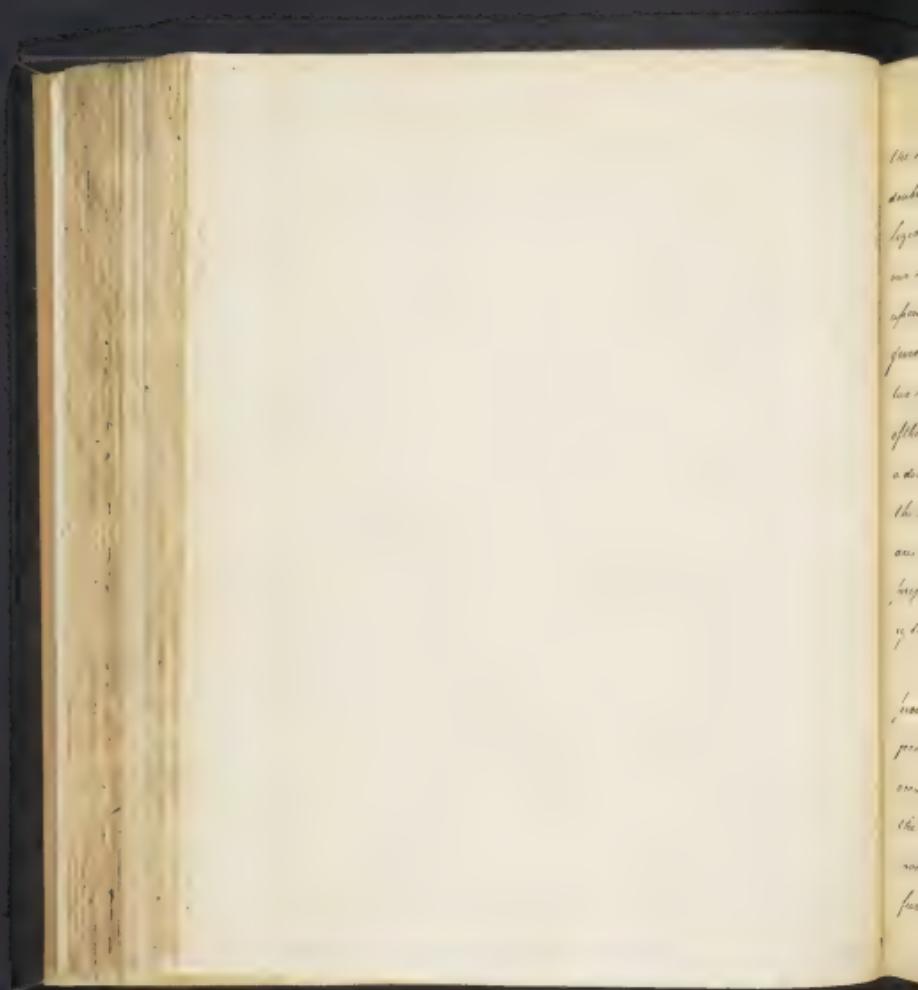
Having enumerated the symptoms proposed in the order in which they generally occur, it may not be improper to notice some of those about to close the scene. The first of this class generally appearing is fainting, and for



gently one fit succeeding another: next something comes on. The flooding generally ceases during the continuance of these two last symptoms. To these succeed deep sighing, laborious respiration, and, finally, a convulsion fits a few, puts an end to the unfortunate subjects. But though these violent symptoms have not presented themselves and the patient withstood the hemorrhage and survived delivery, she is still far from being out of danger, for a fever may come on and the patient be cut off in a few days.

Having noticed the symptoms as they generally appear, the next part of our duty will be to take into view the treatment necessary to the different circumstances. But, before entering upon the consideration, it may be proper to observe that we shall occasionally take the liberty of partially traying our subject, with the view to demonstrate, as well from analogy as from practice, the utility of the several remedies in averting hemorrhage. We shall, however, first notice the remedies provided by nature.

Nature in her wisdom and goodness, has provided remedies suited to almost every accident that may befall



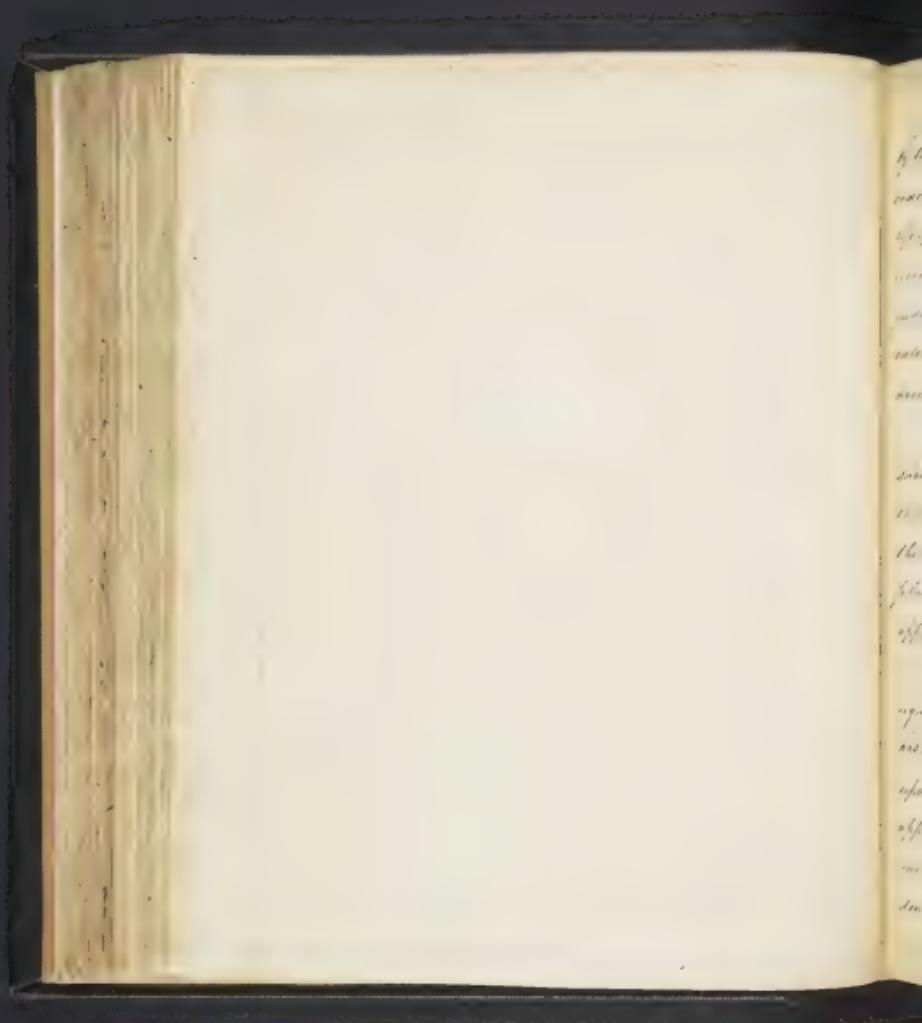
the human race, but very often her effects are ineffectual, no
doubt in a great measure owing to the many changes in civi-
lized society from that of original nature. Yet, notwithstanding
our many deviations from nature, she still continues her action
upon us, though most probably not to the extent. The powers
given by nature for restraining haemorrhage generally, are of
two kinds: a contraction of the bleeding vessels, and a coagulation
of the blood effused. The effect of contraction upon the vessel is
a diminution of its diameter, and the smaller the vessel
the more evident the contraction. The effects of coagulation
are, secondly, the formation of clergs in the mouths and com-
mutes on the sides of the bleeding vessels all those effects concur-
ing tending to stop the further effusion of blood.

Uterine haemorrhages, we have already said, are
produced by a separation of a part or the whole of the placenta
from the uterus. The blood vessels connecting these two
occur together, are generally larger, and the larger the vessels
the less evident their power of contraction and a less likelihood
of coagulation taking place. Nature in this case has
furnished another remedy; a power of contraction in the



uterus itself, produced by its own muscular fibres. This last however, however, frequently from many causes, nature is unable to bring into action. It then becomes necessary for the inter-
ference of the practitioner, whose duty it will be to encourage
to produce it.

When a portion of the placenta is retained over the os
uteri, sometimes generally takes place before 10 hours or before the
expulsion of the membranes. In this situation a number of
methods of practice have been recommended and observed. It has
been advised to introduce the finger into the os uteri, and press
it along side of the uterus to the edge of the placenta and there
to right the membranes with the view that the water
may be discharged and the contraction of the uterus induced.
This practice sometimes answers the purpose, the membranes
may be stripped and the child expelled, without the per-
son being aware. But should this object not be fully obtained
the irritation of the child may be worse than at first, the
head of the child may be forced some distance into the pelvis,
the hemorrhage then may return, and from the want of
room to introduce the hand, we are unable to effect the delivery.



by burning the child. In this critical situation we would, in order to the safety of the mother's life, be compelled to destroy the life of the child, by our last resort to the crockshot. Under these circumstances we are induced to consider the practice an inadvisable one, and as in this case neither the asclepsia nor the external parts would be greatly dilated, it would be unproper to have recourse to the use of the secali cornutum.

Before proceeding further with the treatment, we shall make a few remarks upon the objects to be obtained by the administration of the secali cornutum, and likewise upon the manner of its use, without in any way attempting to give the medical students, afterwards we shall notice its application to the different diseases which it is to be considered.

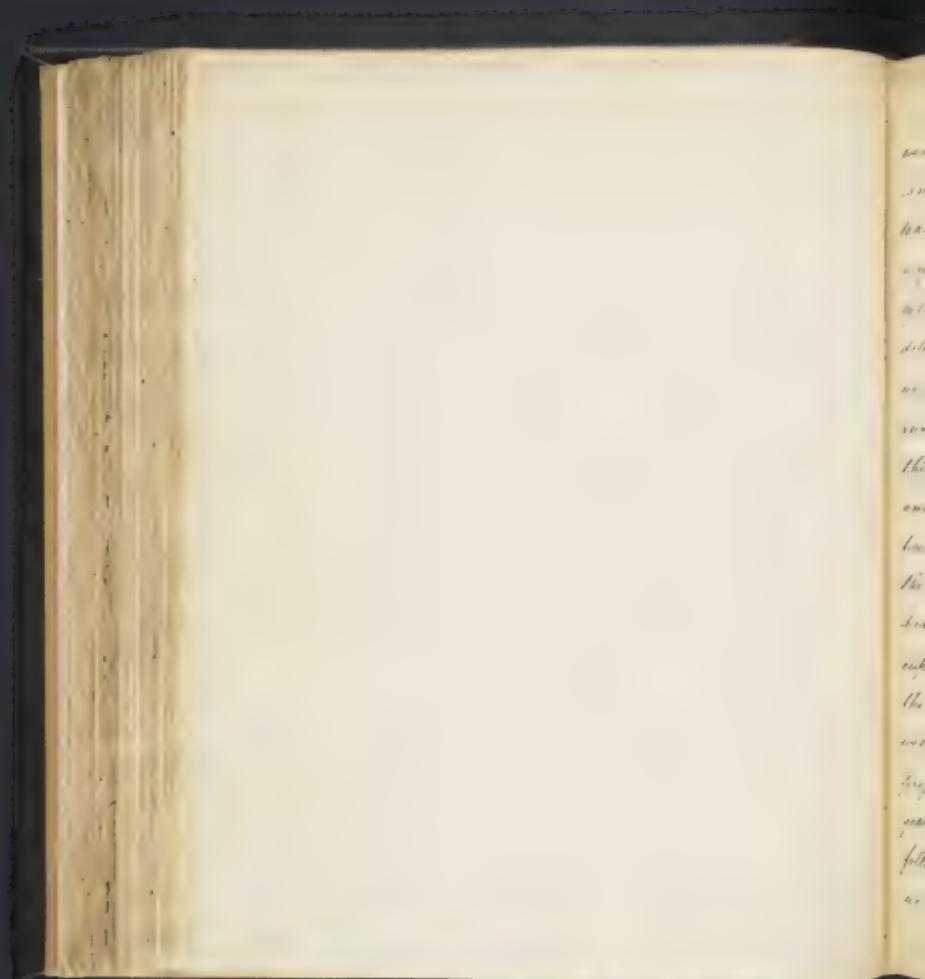
It is but a short time since the secali cornutum was regularly introduced into the materia medica, but so far as has since been shown that it has a peculiar and powerful effect upon the uterus. The effects produced by this medicine, appear to be an immediate and powerful contraction of the muscular fibers of the uterus. This well appears more evident from its effects in parturition, where when the uterus is



languid and asthmatic of power sufficient to expel the fetus, contractions are brought on in a few minutes by a single dose of the medicine, and the patient recovers. We derive from its immediate and beneficial effects on what is usually termed menorrhagia, and in every other case where the want of power in the uterus was the evil to be remedied. We have generally used the medicine in the form of injection: one part of a drachm to our ounce of water has always been found to answer the purpose, giving one third of the quantity every half hour twenty minutes until the object is attained. Though we have rarely given the medicine in decoction, we do not wish to insist that the good effects of it are not to be attained by giving it in substance, but that its effects will not be so immediate.

We shall now notice the remaining parts of the treat-
ment yet to be considered, and endeavour to particularise
the different cases in which our medicines will be found use-
ful.

If a woman be seized with uterine hemorrhage
in any period during the last three months of her pregnancy,



we have been directed to deliver. This we are induced to believe
is not the most adually practice, unless the hemorrhage is
so violent requiring immediate attention; so as the os uteri
may not be sufficiently relaxed and the woman not weakened
to the loss of blood, in this case it will be proper to delay the
delivery until the os uteri be fully relaxed. At this period
we have been advised to some to embrace the opportunity
and immediately to deliver by turning the child. Against
this practice we meet to take liberty to limit, and advance
no objection to turning the child universally, as the objec-
tion we consider one of importance; that is, pressure made upon
the umbilical cord stopping the circulation in it whilst the
child is passing through the pelvis, which very frequently oc-
cupies so much time as completely to destroy the child. If
the os uteri and the external parts be sufficiently relaxed
we would recommend the use of the sacrum connection, in
preference to turning. We are aware that it has been sug-
gested that the death of the child is sometimes a consequence
following the administration of the sacrum connection. This
we are not prepared to deny, but fear there are strong foun-



sitions for the operation, nevertheless we are fully convinced that the death of the child from the operation of the medicine, is a circumstance less to be feared and happening much less frequent than from turning the child. When the labouring is violent and the exertion not sufficiently nor sufficiently dilated to warrant the administration of the ergot, then the turning will be indispensable. To effect this intention, the hands of the accoucheur must be introduced into the uterus, when, if the membranes are not already ruptured, they will generally break by the mere introduction; if not, they are to be ruptured taking hold immediately of the feet and bringing them down, invagining the body and head. This will put the contraction of the uterus, which this operation generally tends to induce, and when induced causes the patient from a return of the syncope. But should the contraction not come on as expected, the accoucheur is directed to create with his finger some irritation in the vagina or on the perineum, which very frequently has the effect desired. This last mentioned situation is one in which the ergot could not with propriety be administered; for though the operation of this in some



is more instantaneous than almost any other, yet the time occupied in preparing it and adding to the time it would require to produce its effects, would consume too much time to warrant the having recourse to it on that ground, and further, could it of itself be produced in time to be of use, the contractions might be somewhat as to add to the already dangerous situation of the child by increasing the pressure upon the umbilical cord.

In the preceding part of this essay we have noticed that uterine hemorrhage is always more or less the consequence of the placenta being situated over the os uteri. The hemorrhage appearing generally about the time the cervix uteri commences dilating. When under those circumstances hemorrhage has occurred, several modes of practice have been recommended. Some have directed the passing the hand between the placenta and uterus, rupturing the membranes and bringing away the child through them, others have recommended the thrusting the hands through the centre of the placenta and bringing the child through the opening. This last method is certainly attended



with an additional danger to the life of the child, than when the
umbilical artery. A third method has been advised, in
incising the hand between the placenta and the uterus on
the side of the placenta nearest the surface of the osuter when it
can be ascertained, and continuing the hand if possible upward
near the fundus uteri, then to replace the membranes, catch
the fetus, bring them down and deliver. This method has some
advantages; it retaining a portion of the waters within the
uterus, and preventing it from contracting closely upon
the body of the child.

If flooding come on during labour our practice will
have to be governed in some measure by the state of progress
ion. If the head of the child has not proceeded so far into
the pelvis as to prevent the practicability of turning, we are
directed immediately to turn and deliver by the feet; and when the
lum of the child is sufficiently in the pelvis to enable us to use the
forceps, we are directed to use them; and we are further, that
when the forceps ^{are used} not be used without expressing the mother.
To have recourse to the cathart. In these different cases the
use under peculiar circumstances would certainly be necessary.



the necessity of lancing or resorting to the use of incisive or
stomatotomies. In the first case should the presentation be nato-
ral and the parts sufficiently relaxed, the cord may yet be cut
with safety, and in the second case, under the same circumstances
it has been found most easily effected. In the third case,
under the same dangerous circumstances, it is experienced
that it should be used before resorting to an unnatural ex-
trument as the catheter. It may further be noticed, in cases
where we shall have had recourse to the use of instruments
and the foaming shall have been restrained, when the bairn
has been delivered it will be proper to wait a while before
the uterine application to contract sufficiently to support
the body.

We have said that haemorrhage may come on after the
birth of the child and previous to the abstraction of the placenta,
and this sometimes may be ten to fourteen. When the haemor-
rhage in this stage is any way profuse, it will be necessary to
sever the graventa, and in attempting to remove it, great care
must be taken to protect a contraction in the uterus previous
to its removal. There, however, the result will be, no more is



will seldom be very far away with contractions produced by slight
rubbing the fingers against the sides. The uterus will generally
have an contraction sufficient to expel the placenta, and we should
retain the hand in the uterus until it is quite expelled with
the placenta.

We see such hemorrhage may come in after the
birth of the child and removal of the placenta. Here it may
be right to mention, what at this time ought to be considered
hemorrhage. There may, however, in moderate after the removal
of the placenta a large portion of blood, a quart sometimes,
and this may happen through the womb, especially in floating
the contractions, however the uterus must be sufficiently full
and this being so, the womb first contracts so that the blood can
run out within the uterus itself; but as this does not reduce
any of the effects of flooding, it cannot properly be so considered.
But should the discharge continue and fairly quickly produced,
then it may be properly ^{supposed} flooding. The bringing away the
placenta too soon after the delivery of the child is usually
produces the flooding at this time. The placenta is generally
expelled within half an hour after the birth of the child in



the contractions of the uterus, and when compelled by this, how
there will be no hemorrhage. The anxiety of the patient and
the officiousness of the persons about her, sometimes induces
the physician to remove the placenta too soon, and bleeding is
the consequence. In this situation several modes of practice
have been advised, the application of cold will generally be
found to answer perfectly, as cold water cold water of lime,
cold air, opening the windows and doors, removing all the
cold clothing except so much as decency allows, comes to be a
rule. These means have generally been found adequate to
the purpose, yet sometimes they fail, and then have been
resorted to inject into the uterus cold water, sugar, and water, or
to introduce a piece of ice into the uterus. We have likewise been
accustomed to introduce a lemon having first had its skin taken off,
and suddenly to compress it with the hand, causing it to part
with the greatest portion of its acid and to suffer the lemon to
remain until it be expelled by the uterus itself. Those means
enumerated have been generally found to answer the intention
and though in this critical situation we are unwilling to aban-
don immediate known and practised methods and adopt



other which we have not witnessed the good effects of, yet we are convinced that the ergot would be found immediately effectual. It may be proper, before discussing this subject, to observe, that after a flooding the patient should not be moved for sometime; and even though there should have been no flooding, the moving the patient too soon may bring it on.

The project still sticks closely by us,

Nil dictum quid non dictum prius.

I have now finished my remarks on uterine hemorrhage; but were I here to stop, I should do injustice to my own feelings, and be guilty of the height of ingratitude. The uncommitted exertions of the Medical Professors whose lectures I have heard with so much pleasure and the recollection of which excites the most lively sensations, demands of me my warmest acknowledgments. That their health may long enable ^{them} to continue the further diffusion of knowledge and to support the dignified character our constitution now holds among the medical world, is the sincere wish of the

Author

